24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
	C 300344707
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination
CAIVIPAIGIN SOLUTIONS	04 28 2015
Mailing Address 117 N ST ASAPH ST	Amount
City State Zip Code	10350.00
ALEXANDRIA VA 22314	Transaction ID : SE24.1003 Date of Disbursement or Obligation
Purpose of Expenditure NATIONAL LIST RENTAL FEES Category/ Type 004	04 / 28 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
LIII LADV CLINTON	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2015	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Allount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Tod To Balo	ursement For: Primary General
Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	10350.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10350.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Dan Backer [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	